

PLACE OF BIRTH

1. County of Yuma
 District of San Carlos
 Town of _____
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Herbert Laze (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 9 21 25
 Month Day Year

8. FATHER
 Full name Henry Laze
 9. Residence (Usual place of abode) San Carlos, Ariz
 If non-resident, give place and state. _____
 10. Color or race 1/4 Indian
 11. Age at last birthday 39 (Years)

12. Birthplace (city or place) San Carlos
 (State or country) Ariz
 13. Occupation Common Laborer
 Nature of industry _____

14. MOTHER
 Full maiden name Florance Hudson
 15. Residence (Usual place of abode) San Carlos, Ariz
 If non-resident, give place and state. _____
 16. Color or race 1/4 Indian
 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Byles
 (State or country) Ariz
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 a m. on the date above stated (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Sawyer M.D. (Physician or midwife)

Address San Carlos, Ariz

Given name added from a supplemental report _____

Filed _____, 19 _____ Local Registrar.

Month, day, year 8 35 - 9 21 - 685
 Registrar

Filed _____, 19 _____ County Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.